

EXHIBIT  
"C"

**LOCAL REPORT OF INJURY  
OR UNUSUAL OCCURRENCE**

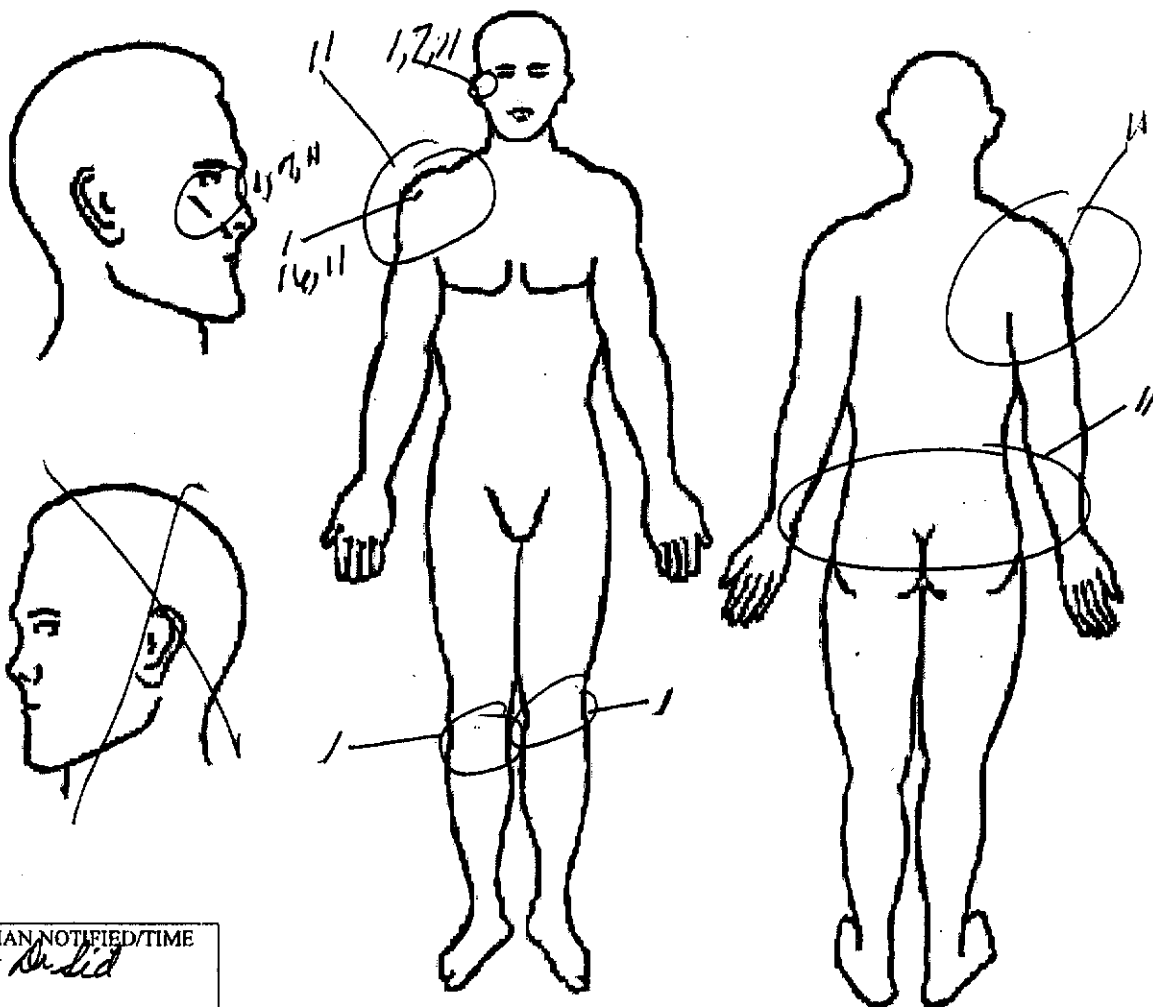
NAME OF INSTITUTION <b>SUSP</b>	FACILITY/UNIT	REASON FOR REPORT (circle) <b>USE OF FORCE</b>	INJURY UNUSUAL OCCURRENCE	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE <b>3-23-06</b>
THIS SECTION FOR INMATE ONLY	NAME LAST <b>Woodson</b>	FIRST	CDC NUMBER <b>P76095</b>	HOUSING LOC. <b>C3405</b>	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/RDOs
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
	HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE

PLACE OF OCCURRENCE <b>C-3</b>	DATE/TIME OF OCCURRENCE <b>3-23-06 1325</b>	NAME OF WITNESS(ES) <b>Custody</b>
TIME NOTIFIED <b>1335</b>	TIME SEEN <b>1335</b>	ESCORTED BY <b>Custody</b>
	MODE OF ARRIVAL (circle) <b>AMBULATORY</b>	LITTER ON SITE
	WHEELCHAIR	AGE
	RACE <b>B</b>	SEX <b>M</b>

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

**1325 Uncooperative with questions**  
**1342 Demanding to see MD - refused to allow physical inspection**  
**1352 Again refuses to allow physical exam**  
**1358 Cooperated**

INJURIES FOUND?	YES / NO
Abrasion/Scratch	<b>1</b>
Active Bleeding	<b>2</b>
Broken Bone	<b>3</b>
Bruise/Discolored Area	<b>4</b>
Burn	<b>5</b>
Dislocation	<b>6</b>
Dried Blood	<b>7</b>
Fresh Tattoo	<b>8</b>
Cut/Laceration/Slash	<b>9</b>
O.C. Spray Area	<b>10</b>
Pain	<b>11</b>
Protrusion	<b>12</b>
Puncture	<b>13</b>
Reddened Area	<b>14</b>
Skin Flap	<b>15</b>
Swollen Area	<b>16</b>
Other	<b>17</b>
	<b>18</b>
	<b>19</b>
O.C. SPRAY EXPOSURE?	YES / NO
DECONTAMINATED?	YES / NO
Self-decontamination instructions given?	YES / NO
Refused decontamination?	YES / NO
Q 15 min. checks	
Staff issued exposure packet?	YES / NO



RN NOTIFIED/TIME <b>1335</b>	PHYSICIAN NOTIFIED/TIME <b>1402 - Dr. Sed</b>
TIME/DISPOSITION <b>Dr. Sed Saw at 1403 - No apparent shoulder dislocation to custody 1407</b>	

REPORT COMPLETED BY/TITLE (PRINT AND SIGN) <b>NINA MOORE Nina Moore</b>	BADGE # <b>2863657</b>	RDOs <b>95</b>
--	---------------------------	-------------------

(Medical data is to be included in progress note or emergency care record filed in UHR)

EXHIBIT

"D"

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
INMATE APPEALS BRANCH  
P. O. BOX 942883  
SACRAMENTO, CA 94283-0001

**DIRECTOR'S LEVEL APPEAL DECISION**

Date: **FEB 08 2007**

In re: Woodson, P-76095  
High Desert State Prison  
P.O. Box 270220  
Susanville, CA 96127

IAB Case No.: 0606071

Local Log No.: SVSP 06-02170

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner J. G. Arceo, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

**I APPELLANT'S ARGUMENT:** It is the appellant's position that on March 23, 2006, staff ransacked his cell during a search and illegally confiscated his lumbar support. He requests that his support be returned or replaced.

**II SECOND LEVEL'S DECISION:** The reviewer found that pursuant to the California Code of Regulations, Title 15, Section (CCR) 3193, the Department does not accept responsibility for lost, stolen or damaged property unless it is a direct result of employee action. Correctional Officer Rodriguez stated that he did search the appellant's cell on the day in question but does not recall seeing or confiscating a lumbar support. The appellant has failed to provide any proof that the stated property existed prior to or after the search.

**III DIRECTOR'S LEVEL DECISION:** Appeal is denied.

**A. FINDINGS:** The appeals examiner finds that it is conjecture on the part of the appellant that his cell was ransacked or that staff intentionally failed to account for the property in question. The appellant has failed to state the reason that staff would irresponsibly remove the appellant's property and then not account for it being confiscated. Regardless of the appellant's opinion there is a lack of evidence that staff are liable for his loss. Relief at the Director's Level of Review is not warranted.

**B. BASIS FOR THE DECISION:**  
California Penal Code Section: 2079, 2601  
CCR: 3001, 3270, 3287, 3300

**C. ORDER:** No changes or modifications are required by the institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.



N. GRANNIS, Chief  
Inmate Appeals Branch

cc: Warden, HDSP  
Appeals Coordinator, HDSP  
Appeals Coordinator, SVSP

**A P P E A L - F I R S T L E V E L R E V I E W**  
**S A L I N A S V A L L E Y S T A T E P R I S O N****DATE:** 08/17/06**NAME:** Woodson**CDC #** P76095**APPEAL #:** FIRST LEVEL APPEAL LOG #SVSP-C-06-02170**APPEAL DECISION:** DENIED

**SUMMARY OF APPEAL:** Appellant states that on 03/23/06 his cell, in Building C3, was "ramsacked" and his "lower lumbar" supporter was taken. The appellant is requesting on appeal that his lumbar supporter is returned or replaced.

**SUMMARY OF INVESTIGATION:**

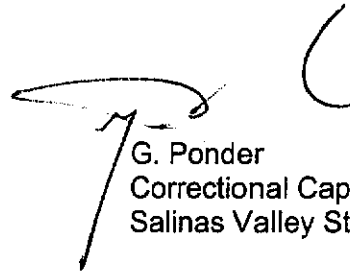
Officer J. Rodriguez was interviewed by Sergeant M. Atchley, on 08/17/06, in regards to this appeal and stated that on 03/23/06, he performed a search for missing metal on Inmate Woodson's cell, in building C3. Officer Rodriguez stated that he did not take any property from Inmate Woodson and that he did not recall ever seeing a "lumbar supporter" in the cell.

**APPEAL RESPONSE:** Based on the above information, this appeal is DENIED. The appellant has failed to provide any proof, what so ever, that the stated property existed prior to, during or after the search.

If you are dissatisfied with this decision, you may appeal to the Second Level by following the instructions on your appeal form.



M. Atchley  
Correctional Sergeant  
Salinas Valley State Prison



G. Ponder  
Correctional Captain  
Salinas Valley State Prison

# Memorandum

Date: September 26, 2006

To: Woodson, P76095  
Salinas Valley State Prison

Subject: SECOND LEVEL APPEAL RESPONSE LOG NUMBER-SVSP-C-06-02170

## **ISSUE:**

Appellant claims that a lumbar supporter was removed from his cell, during a cell search.

The appellant is requesting that his lumbar support be returned or replaced.

**INTERVIEWED BY:** M. Nilsson, Correctional Sergeant

**REGULATIONS:** The rules pertaining to this issue:

CCR Title 15 §3191 Nonexpendable property  
CCR Title 15 §3193 Liability  
CCR Title 15 §3192 Possession and Exchange  
SVSP OP #10, §10.4.1 Inmate Property

## **SUMMARY OF INVESTIGATION:**

The First Level of Review (FLR) was completed on August 17, 2006. J. Celeya, Correctional Lieutenant was assigned to investigate this appeal at the Second Level of Review. All submitted documentation and supporting arguments have been considered. Additionally, a thorough examination has been conducted regarding the claim presented, and evaluated in accordance with Salinas Valley State Prison (SVSP) Operational Procedures (OP); the California Code of Regulations (CCR); and the Departmental Operations Manual (DOM).

The appellant alleges a lumbar support was confiscated by staff during a cell search. The inventorying officer was interviewed and stated no lumbar support was observed in the appellant's cell nor was a lumbar support confiscated from the appellant.


The appellant has not provided any evidence to support his allegation that staff confiscated the lumbar support.

Per CCR Title 15 §3193, the Department does not accept responsibility for lost, stolen or damaged property unless it is a direct result of employee action.

Based on the above factors, your appeal is **DENIED** at the Second Level of Review.

**DECISION:** This appeal is DENIED.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.

  
A. HEDGPETH  
Chief Deputy Warden  
Salinas Valley State Prison

## INMATE / PAROLEE APPEAL SCREENING FORM

INMATE: WoodsonCDC #: P 76095CDC HOUSING: C3-105

CDCR-695

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR REASONS NOTED BELOW OR RETURNED TO MORE INFORMATION OR FOR YOU TO ATTACH SUPPORTING DOCUMENTS.

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

- |   |  |
|---|--|
| <input type="checkbox"/> Requested Action Already Taken   | <input type="checkbox"/> Requested Appeal Withdrawn                          |
| <input type="checkbox"/> Duplicate Appeal; Same Issue   | <input type="checkbox"/> Appeal Previously Received and Processed            |
| <input type="checkbox"/> Appealing Action Not Yet Taken   | <input type="checkbox"/> Incomplete 602 – Complete Next Appropriate Section  |
| <input checked="" type="checkbox"/> Incomplete Appeal – Documents Not Attached  | <input type="checkbox"/> Incomplete 602 – Sign and Date Appropriate Section  |
| <input type="checkbox"/> Time Constraints Not Met   | <input type="checkbox"/> Limit of One Continuation Page May Be Attached      |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate  | <input type="checkbox"/> Incomplete Disciplinary Appeal – Missing Documents* |
| <input type="checkbox"/> Appeal Process Abuse – Inappropriate Statements  | <input type="checkbox"/> Incomplete Property Appeal – Missing Documents*     |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated   | <input type="checkbox"/> Failed to Provide Necessary Copies of Chrono(s)*    |
| <input type="checkbox"/> Action / Decision Not Taken By CDCR  | <input type="checkbox"/> Appeal Process Abuse – Pointless Verbiage           |
| <input type="checkbox"/> Action Sought Is Under Sentencing Court Jurisdiction   | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week    |
| <input type="checkbox"/> Submit Issue to Assigned Parole Office   | <input type="checkbox"/> Attempting to Change Original Appeal Issue          |
| <input type="checkbox"/> Appeal Matter to VGCGB   | <input type="checkbox"/> Not Authorized to Bypass Any Level                  |
| <input type="checkbox"/> DRB Decisions Are Not Appealable   | <input type="checkbox"/> Appeal Issue & Reasonable Accommodation Not 1824    |
| <input type="checkbox"/> Request for Interview; Not an Appeal   | <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues   |
| <input type="checkbox"/> More than one issue –one issue per appeal  | <input type="checkbox"/> Emergency Not Warranted-CCR 3084.7                  |
| <input type="checkbox"/> Not a Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362, Health Care Services Form, and send it to the Medical Department for an appointment. If necessary, sign up for sick call. |  |

PLEASE ATTACH AS NOTED BELOW:

- |  |  |
|--|--|
| <input type="checkbox"/> CDC 115/Hearing Officer's Results     | <input type="checkbox"/> CDC 128C Medical Chrono           |
| <input type="checkbox"/> CDC 115 with IE/DA information        | <input type="checkbox"/> CDC 1819 Denied Publications      |
| <input type="checkbox"/> Supplemental Reports to CDC 115       | <input type="checkbox"/> CDC 128 A                         |
| <input type="checkbox"/> CDC 1030 Confidential Disclosure      | <input type="checkbox"/> CDC 128 B                         |
| <input type="checkbox"/> CDC 114D Lockup Order                 | <input type="checkbox"/> CDC 143 Property Transfer Receipt |
| <input type="checkbox"/> CDC 128G ICC/UCC                      | <input checked="" type="checkbox"/> Cell Search Slip       |
| <input type="checkbox"/> CDC 128G CSR Endorsement Chrono       | <input type="checkbox"/> Receipts                          |
| <input type="checkbox"/> CDC 839/840 Class/Reclass Score Sheet | <input type="checkbox"/> Qtr. Pkg. Inventory Slip          |
| <input type="checkbox"/> CDC 7219 Medical Report               | <input type="checkbox"/> Trust Account Statement           |
| <input type="checkbox"/> Other: SEE COMMENTS BELOW             | <input type="checkbox"/> Property Inventory Receipt        |

Comments: You may write on back of this form to clarify or respond to the above.

I have no cell search slip. There was no cell search slip left for Appellant.  
They dont leave cell search slips behind illegal searches of inmate cells.  
They dont have a slip for harassment and theft.

W  
Variz, Correctional Counselor-II  
Appeals Coordinator  
Alameda Valley State Prison

Date: 4-4-04

is screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.



NMATE: Woodson CDC #: P76095 CDC HOUSING: C3-105

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                      | <input type="checkbox"/> Limit of One Continuation Page May Be Attached  |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements  |
| <input type="checkbox"/> Time Constraints Not Met                          | <input type="checkbox"/> Action / Decision Not Taken By CDCR   |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate         | <input type="checkbox"/> DRB Decisions Are Not Appealable  |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated        | <input type="checkbox"/> Appealing Action Not Yet Taken  |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week  |
| <input checked="" type="checkbox"/> Incomplete 602                         | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue        | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly                 |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                |  |
| <input type="checkbox"/> Request for Interview; Not an Appeal              |  |
| <input type="checkbox"/> Numerous and separate issues                      |  |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

if you do not have a cell search receipt,  
I at least need to know who conducted the  
cell search, otherwise there is no way to have the  
appeal responded to.

you state, on screening form, 'harassment; theft'  
if you are alleging staff misconduct I need:  
who, what, where, when, how; witnesses, be specific.

Staff complaints must be separate from other issues

The corrections officer who ravaged the cell originally was J-Rodriguez  
and Camarena. Auditory witnesses to the harassment were Flores H. ~~62771~~ 62771  
and Roldan H05477 C3-104. I am the only witness to the theft of my <sup>eye</sup> lumbar

Support

6/6/06

[Signature]  
Iloy Medina, CC-II  
Appeals Coordinator

Date: 5/3/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

# MEDICAL APPEAL

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 802 (12/97)

Location: Institution/Parole Region

Log No.

Category

1. OVER C 2. 06-02170 3. 11  
 4. CALL-1153

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Cell Search - Confiscated back support

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
<u>Woodson Thomas</u>	<u>P76095</u>		<u>08225 C-3-105</u>

A. Describe Problem: ON March 23, 2006 a search was conducted of C-facility building three. Appellant cell was ransacked. Upon returning to the cell Appellant noticed his lower lumbar supporter had been taken. Appellant has a chrono for the supporter and has paid \$20.00 for it.

If you need more space, attach one additional sheet.

REC'D MAY - 3 2006

DELIVERED MAY 02 2006

B. Action Requested: Appellant would like his lumbar supporter returned or replaced. Thank you.

REC'D APR 3 2006

REC'D JUN - 7 2006

Inmate/Parolee Signature: [Signature]

DELIVERED JUN 06 2006

Date Submitted: 6/6/06C. INFORMAL LEVEL (Date Received: 170)

Staff Response: DENIED ALUMBAR SUPPORTER WAS NOT REMOVED FROM CELL

Staff Signature: [Signature]Date Received by Inmate: 7/13/06

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

All I can say is what I have said. My lumbar supporter was missing after a cell harassment search on 3-23-06. I need my supporter. I paid twenty dollars for it and I want it or to be compensated for my loss.

Signature: Thomas WoodsonDate Submitted: 7/13/06

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim.

Staff complaint issues, addressed on response to inmate appeal.

REC'D JUL 14 2006

First Level

Case 4:07-cv-01825-GW

Document 2-2

Filed 09/21/2007

Page 11 of 51

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 7/17/06

Due Date: 8/25/06

Interviewed by: See attached

Staff Signature: [Signature]

Title: Sgt

Division Head Approved: [Signature]

Title: CMT

Signature: [Signature]

Date Completed: 08/17/06

DELIVERED

Date to Inmate: AUG 28 2006

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Appellant re-allege and re-incorporate section A, B, and D of the Appeal. Appellant willing to exchange life that the allegations are true. The summary of investigation on memorandum does not appear to contain any information gathered from Appellant's witnesses that were provided on screen out form dated 5/3/06. No floors H0271 and R0447 H05477 C-3-104. Appellant's medical records can be checked to see if he was issued a lower lumbar supporter in Feb/March 06.

Signature: [Signature]

Date Submitted: 8/28/06

Second Level

☐ Granted☐ P. Granted☒ Denied☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 8/30/06

Due Date: 9/27/06

☒ See Attached Letter

Signature: [Signature]

DELIVERED OCT 10 2006

Warden/Superintendent Signature: [Signature]

Date Returned to Inmate:

H. If dissatisfied, add date or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

The evidence of the existence of the Lumbar supporter is attached. This 602 Appeal was delivered to Appellant on November 10 with an October 10, 2006 delivery stamp. Further reprisal to thwart Appellant's efforts to seek justice in this matter. (See, Greenbott v. Munro (1958) 161 Cal. App. 2d 596, 606)

Signature: [Signature]

Date Submitted: 11/16/06

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted☐ P. Granted☒ Denied☐ Other☒ See Attached Letter

FEB 08 2007

Date:

CDC 602 (12/87)

**COMPREHENSIVE ACCOMMODATION CHRONO**

**INSTRUCTIONS:** A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

**A. HOUSING**

**None**

Barrier Free/Wheelchair Access	P/T _____	Bottom Bunk	P/T _____
Ground Floor Cell	P/T _____	Single Cell (See 128-C date: _____)	P/T _____
Continuous Powered Generator	P/T _____	Permanent OHU / CTC (circle one)	P/T _____
		Other _____	P/T _____

**B. MEDICAL EQUIPMENT/SUPPLIES**

None		Wheelchair: (type) _____	P/T _____
Limb Prosthesis	P/T _____	Contact Lens(es) & Supplies	P/T _____
Brace	P/T _____	Hearing Aid	P/T _____
Crutches	P/T _____	Special Garment: <u>ELASTIC LUMBAR</u>	
Cane: (type) _____	P/T _____	(specify) <u>SUPPORT</u>	<input checked="" type="radio"/> P <input type="radio"/> T
Walker	P/T _____	Rx. Glasses: _____	P/T _____
Dressing/Catheter/Colostomy Supplies	P/T _____	Cotton Bedding	P/T _____
Shoe: (specify) _____	P/T _____	Extra Mattress	P/T _____
Dialysis Peritoneal	P/T _____	Other _____	P/T _____

**C. OTHER**

**None**

Attendant to assist with meal access and other movement inside the institution.	P/T _____	Therapeutic Diet: (specify) _____	P/T _____
Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.		Communication Assistance	P/T _____
Wheelchair Accessible Table	P/T _____	Transport Vehicle with Lift	P/T _____
		Short Beard	P/T _____
		Other _____	P/T _____

**D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS**

Based on the above, are there any physical limitations to job assignments? ☐ Yes ☒ No

If yes, specify: \_\_\_\_\_

INSTITUTION <u>SVSP</u>		COMPLETED BY (PRINT NAME) <u>BOWMAN</u>		TITLE <u>SVSP</u>
SIGNATURE <u>[Signature]</u>		DATE <u>2/16/06</u>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH  <u>WOODSON, THOMAS</u>  <u>P26095</u>  <u>3/31/71</u> <u>CS-105</u>	
HCM/CMO SIGNATURE <u>[Signature]</u>		DATE <u>2/17/06</u>		
(CIRCLE ONE) <input checked="" type="radio"/> APPROVED <input type="radio"/> DENIED				

COMPREHENSIVE ACCOMMODATION  
CHRONO

CDC 7410 (03/04)

**Distribution:**

Original - Unit Health Record    Copy - Central File    Pink - Correctional Counselor    Gold - Inmate

EXHIBIT

"  
E  
"



INMATE: Woodson CDC #: P76095 CDC HOUSING: D2-127THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR  
RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.**YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):**

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                      | <input type="checkbox"/> Limit of One Continuation Page May Be Attached          |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements                                |
| <input type="checkbox"/> Time Constraints Not Met                          | <input type="checkbox"/> Action / Decision Not Taken By CDCR                     |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate         | <input type="checkbox"/> DRB Decisions Are Not Appealable                        |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated        | <input type="checkbox"/> Appealing Action Not Yet Taken                          |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week        |
| <input type="checkbox"/> Incomplete 602                                    | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical   |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue        | Services, submit your request on a CDCR-Form 7362.                               |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                | If necessary, sign up for sick call.   |
| <input checked="" type="checkbox"/> Request for Interview; Not an Appeal   | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal |
| <input type="checkbox"/> Numerous and separate issues                      | document and pencil/inks other than black or blue do                             |
|  | not copy legibly   |

**PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**

Comments: You may write on back of this form to clarify or respond to the above.

Note - Appellant reserves the right to Appeal any departmental decision, action, condition or policy which demonstrates having an adverse affect upon Appellants welfare per T15 admin. Code 3084.1 (a). Appellant exercising his first Amendment and Administrative right to file an appeal is "protected conduct" and should not be Attacked, stricken, or obstructed in any way, for any reason.

Respectfully, [Signature] P76095

[Signature]  
Eloy Medina, CC-II  
Appeals Coordinator

Date:

8/7/06  
8/30/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

**PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE**

STATE OF CALIFORNIA  
GA-22 (9/92)

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 8/27/06	TO [REDACTED]	FROM (LAST NAME) [REDACTED]	CDC NUMBER P-76095
HOUSING D-2	BED NUMBER 127	WORK ASSIGNMENT	
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			

Clearly state your reason for requesting this interview.  
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Appellant's records show that you are procedurally default with regard to staff complaint 608 sent to your office on 8/6/06. You have not gotten back to Appellant with an assignment notice indicating a due date or indication that you have received the appeal at all.

INTERVIEWED BY \_\_\_\_\_ Do NOT write below this line. If more space is required, write on back.

DISPOSITION my tracking system does not indicate receipt of a staff complaint 608  
DATE 9/7/06

U.S. District Court  
[Signature]  
[Signature]

STATE OF CALIFORNIA  
GA-22 (9/92)

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 10/22/06	TO [REDACTED]	FROM (LAST NAME) Woodson	CDC NUMBER [REDACTED]
HOUSING D-8	BED NUMBER 225	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I have sent a handwritten copy of staff complaint against the Greenwell gang member guards Meyers, Powell, Miller, and Franco working in D-2 to replace the one you lost from 8/6/06. I have not gotten anything in response to it? Also on the 602 on C/Rincon for retaliating against Appellant I sent on 8/30/06

INTERVIEWED BY your last staff complaint was 9/4/06. DATE 10/24/06

DISPOSITION

Eloy Medina

REC'D OCT 23 2006

STATE OF CALIFORNIA  
GA-22 (9/92)

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 9/26/06	TO Appellant	FROM (LAST NAME) [REDACTED]	CDC NUMBER 976095
HOUSING D-8	BED NUMBER 225	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Sgt. Lutes visited Appellant on 9/5/06 and 9/6/06 regarding a 602 hearing for a 602 Appeal Appellant wrote concerning Appellant's non-disciplinary Ad-Seg placement remarkably turned into Adverse transfer and retention in Ad-Seg. Appellant has received NO 602 back from that? <sup>response</sup>

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY What was the log #? DATE 9/29/06

DISPOSITION

Eloy Medina

REC'D SEP 27 2006



INMATE: Woodson CDC #: P-76095 CDC HOUSING: DZ-127

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.


YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                      | <input type="checkbox"/> Limit of One Continuation Page May Be Attached          |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements                                |
| <input type="checkbox"/> Time Constraints Not Met                          | <input type="checkbox"/> Action / Decision Not Taken By CDCR                     |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate         | <input type="checkbox"/> DRB Decisions Are Not Appealable                        |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated        | <input type="checkbox"/> Appealing Action Not Yet Taken                          |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week        |
| <input type="checkbox"/> Incomplete 602                                    | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical   |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue        | Services, submit your request on a CDCR-Form 7362.                               |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                | If necessary, sign up for sick call.   |
| <input checked="" type="checkbox"/> Request for Interview; Not an Appeal   | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal |
| <input type="checkbox"/> Numerous and separate issues                      | document and pencil/inks other than black or blue do                             |
|  | not copy legibly   |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

All appeals received by the Appeals Office  
are processed; either by being assigned  
for response or by screening. If screened,  
you need to comply w/ screening instructions  
or document your argument to the screening.  
This appeal is cancelled. In the future, if you  
would like the status of an appeal, submit  
a Request for interview. I respond to all  
Request for Interviews I receive.

  
Eloy Medina, CC-II  
Appeals Coordinator

Date:

9/13/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

**PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE**

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 602 (12/87)

Location: Institution/Parole Region \_\_\_\_\_ Log No. \_\_\_\_\_  
1. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME Woodson, T NUMBER P76095 ASSIGNMENT processing of appeals UNIT/ROOM NUMBER D-2-1B7

A. Describe Problem: Appellant hereby inquires as to why Appeal Coordinator Eloy Medina or T. Mariz has not responded to the Emergency 602 Submitted to there office ON 7/23/06 With Blue Copy of 114 D lock up order of 7/13/06 attached along with a white Committee notification from 7/20/06.

If you need more space, attach one additional sheet.

DELIVERED SEP 08 2006

REC'D AUG 21 2006

RECEIVED AUG 30 2006

B. Action Requested: for the issue to be Addressed and returned to Appellant as soon as possible per. California Code of Regulations Title 15 § 3084.7 (A)(B) it has been 14 days since submission under emergency standards.

Inmate/Parolee Signature: Thomas Woodson RECEIVED AUG 07 2006 Date Submitted: 8/6/06

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

DELIVERED SEP 20 2006 DJH

Staff Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

**D. FORMAL LEVEL**

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



CANCELLED

REC'D SEP 13 2006

**CANCELLED**First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_ Returned \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

☐ See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate AppealsDIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_  
☐ See Attached Letter

INMATE: WoodsonCDC #: P-76095CDC HOUSING: D2-127

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                      | <input type="checkbox"/> Limit of One Continuation Page May Be Attached  |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input checked="" type="checkbox"/> Inappropriate Statements   |
| <input type="checkbox"/> Time Constraints Not Met                          | <input type="checkbox"/> Action / Decision Not Taken By CDCR   |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate         | <input type="checkbox"/> DRB Decisions Are Not Appealable  |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated        | <input type="checkbox"/> Appealing Action Not Yet Taken  |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week  |
| <input checked="" type="checkbox"/> Incomplete 602                         | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362.                      |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue        | If necessary, sign up for sick call.   |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Request for Interview; Not an Appeal              |  |
| <input type="checkbox"/> Numerous and separate issues                      |  |

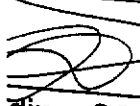
PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS  
Comments: You may write on back of this form to clarify or respond to the above.

- remove the derogatory statements
- there is no c/o Ricon According to Personnel
- Attach copy of 1083.

- There are no derogatory statements in this complaint.
- I have been informed his name is Rincon or Rincone
- No need for 1083, Appellants books have been returned.
- (Sarcasm) • Thanks for nothing as usual (withdrawn)

9/18/06

9/27/06. return to 1/m. 1/m states issue resolved

  
Dina, CC-II  
Coordinator

Date:

9/6/06

ning action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation  
ate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please  
form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT DO NOT

INMATE/PAROLEE  
APPEAL FORM  
CDC 602 (12/87)

Location: Institution/Parole Region Log No. Category  
1. 2VOP d 1. 06-02781 # 11  
2. 2. 2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME Woodson	NUMBER P-76095	ASSIGNMENT REC'D SEP 05 2006	UNIT/ROOM NUMBER D-8-225
-----------------	-------------------	---------------------------------	-----------------------------

A. Describe Problem: This appeal is an inmates citizen complaint per P.C. 832.5 and Title 15 Admin. Code 3391(a). Reporting misconduct on 4/11/06 40 Blevins working C-yard, packed Appellants property from C-lower yard bldg 3, cell 105, without Appellant being present. Appellant was detained in a strip cage in C-yard hobby shop being processed for (retaliatory) ad-seg placement. Blevins came to Appellant with a 1083 CDC form, saying to Appellant, "I didn't put everything on here but I packed all your stuff." August 28, 2006 while in Ad-seg D-2-127 Appellant gets two well overdue pieces of mail from his mother and sister & law stating that an anonymous inmate sent a big manilla envelope package of Appellants personal items discarded and left behind after Appellant was removed from C.P. (Pictures, letters, cards, shoes, etc...) Inmates, Michael  
If you need more space, attach one additional sheet. I agree C-1129C, D-8-130 and I/M T. Barnes E-43015 can confirm this 602

B. Action Requested: Appellant seek for the Warden to be put on notice that 40 Blevins is a rogue and has no respect for departmental policy Title 15 Admin. Code 3391(a). Furthermore the Warden should know that as a result of the above, Appellants mother had a break down worrying about what SVSP Rogue, renegade officers had done to Appellant. Furthermore Appellant seeks to view all of his property to make sure what was put on the CDC 1083 is actually there.

Inmate/Parolee Signature: Thomas Woodson Date Submitted: 9/4/06

C. INFORMAL LEVEL (Date Received: )  
Staff Response:

BYPASS  
RET'D SEP 13 2006  
REC'D SEP 14 2006

Staff Signature: Date Returned to Inmate:

D. FORMAL LEVEL  
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: Date Submitted:  
Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim  
CDC Appeal Number:

06-2169 Property to stored property  
w/ access to 1/m on 8/24/06  
06-2170 Property/cell search  
denied on 8/25/06  
at FLR  
at recently at





First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 9/10/06 Due Date: 10/27/06

Interviewed by: \_\_\_\_\_

**DELIVERED SEP 26 2006**

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

☐ See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

☐ See Attached Letter

## INMATE / PAROLEE APPEAL SCREENING FORM

CDCR-695

INMATE: Woodson CDC #: P 76095 CDC HOUSING: 02-127

**THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR REASONS NOTED BELOW OR RETURNED TO MORE INFORMATION OR FOR YOU TO ATTACH SUPPORTING DOCUMENTS.**

**PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**

- |   |  |
|---|--|
| <input type="checkbox"/> Requested Action Already Taken                       | <input type="checkbox"/> Requested Appeal Withdrawn                          |
| <input checked="" type="checkbox"/> Duplicate Appeal; Same Issue              | <input type="checkbox"/> Appeal Previously Received and Processed            |
| <input type="checkbox"/> Appealing Action Not Yet Taken                       | <input type="checkbox"/> Incomplete 602 – Complete Next Appropriate Section  |
| <input type="checkbox"/> Incomplete Appeal – Documents Not Attached           | <input type="checkbox"/> Incomplete 602 – Sign and Date Appropriate Section  |
| <input type="checkbox"/> Time Constraints Not Met                             | <input type="checkbox"/> Limit of One Continuation Page May Be Attached      |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate            | <input type="checkbox"/> Incomplete Disciplinary Appeal – Missing Documents* |
| <input type="checkbox"/> Appeal Process Abuse – Inappropriate Statements      | <input type="checkbox"/> Incomplete Property Appeal – Missing Documents*     |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated           | <input type="checkbox"/> Failed to Provide Necessary Copies of Chrono(s)*    |
| <input type="checkbox"/> Action / Decision Not Taken By CDCR                  | <input type="checkbox"/> Appeal Process Abuse – Pointless Verbiage           |
| <input type="checkbox"/> Action Sought Is Under Sentencing Court Jurisdiction | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week    |
| <input type="checkbox"/> Submit Issue to Assigned Parole Office               | <input type="checkbox"/> Attempting to Change Original Appeal Issue          |
| <input type="checkbox"/> Appeal Matter to VCGCB                               | <input type="checkbox"/> Not Authorized to Bypass Any Level                  |
| <input type="checkbox"/> DRB Decisions Are Not Appealable                     | <input type="checkbox"/> Appeal Issue & Reasonable Accommodation Not 1824    |
| <input type="checkbox"/> Request for Interview; Not an Appeal                 | <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues   |
| <input type="checkbox"/> More than one issue –one issue per appeal            | <input type="checkbox"/> Emergency Not Warranted-CCR 3084.7                  |

**[ ] Not a Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362, Health Care Services Form, and send it to the Medical Department for an appointment. If necessary, sign up for sick call.**

**PLEASE ATTACH AS NOTED BELOW:**

- |  |  |
|--|--|
| <input type="checkbox"/> CDC 115/Hearing Officer's Results     | <input type="checkbox"/> CDC 128C Medical Chrono           |
| <input type="checkbox"/> CDC 115 with IE/DA information        | <input type="checkbox"/> CDC 1819 Denied Publications      |
| <input type="checkbox"/> Supplemental Reports to CDC 115       | <input type="checkbox"/> CDC 128 A                         |
| <input type="checkbox"/> CDC 1030 Confidential Disclosure      | <input type="checkbox"/> CDC 128 B                         |
| <input type="checkbox"/> CDC 114D Lockup Order                 | <input type="checkbox"/> CDC 143 Property Transfer Receipt |
| <input type="checkbox"/> CDC 128G ICC/UCC                      | <input type="checkbox"/> Cell Search Slip                  |
| <input type="checkbox"/> CDC 128G CSR Endorsement Chrono       | <input type="checkbox"/> Receipts                          |
| <input type="checkbox"/> CDC 839/840 Class/Reclass Score Sheet | <input type="checkbox"/> Qtr. Pkg. Inventory Slip          |
| <input type="checkbox"/> CDC 7219 Medical Report               | <input type="checkbox"/> Trust Account Statement           |
| <input type="checkbox"/> Other: SEE COMMENTS BELOW             | <input type="checkbox"/> Property Inventory Receipt        |

Comments: You may write on back of this form to clarify or respond to the above.

① duplicate of cancelled appeal. Your original appeal was cancelled per CCR 3084.4(d) - lack of cooperation. You failed to comply with staff instructions. This issue does not rise to the level of staff misconduct.

T. Variz, Correctional Counselor-II  
Appeals Coordinator  
Salinas Valley State Prison

Date: 9-11-06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

**PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE**

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE  
APPEAL FORM**  
 CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

10

 1. \_\_\_\_\_  
 2. \_\_\_\_\_

 1. \_\_\_\_\_  
 2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>Woodson</u>	NUMBER <u>Processing Appeals</u> <u>P-16095</u>	ASSIGNMENT	UNIT/ROOM NUMBER <u>D-2-127</u>
------------------------	---	------------	------------------------------------

A. Describe Problem: This is a staff misconduct complaint per. Title is Admin. code 3391(a), 3291(a)  
Served upon Eloy Medina CCR Appeals coordinator for unethical arbitrary administrative action, denying  
Appellant his procedural safe guards to protect his institutional credits from culpability and ultimately respon-  
sibility for their unprofessional, unethical conduct. Appellant has done nothing wrong with regard to the enclosed CDC  
695 forms attached to the original 602 in fact Appellant is requesting the same rectification in every paragraph  
of every response from section A of the 602 to the last screen out sheet dated 8/11/06. for Eloy Medina to  
egregiously and unduly cancel Appellants Appeal is an illegitimate punitive action demonstrating deliberate  
indifference course of conduct putting a "chilling effect" on Appellants constitutional first Amendment right

If you need more space, attach one additional sheet.

to file a Prison grievance. Appellants refusal to cooperate (see Attached)

B. Action Requested: Appellant seeks to exercise his "protected conduct" right to file an appeal per. 3084.1(a) CCR  
T.15 and have the appeal be appropriately processed and responded to for remedy or exhaustion without attack  
Via delay, obstruction, spurious technicality etc... Eloy Medina is unable to be fair and impartial  
in this process and should be removed from the position as he is aligning himself with the culture of cor-  
ruption that is Salinas Valley State Prison  
 Inmate/Parolee Signature: Shane Woodson Date Submitted: 8/29/06

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

RETD SEP 19 2006

## D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed  
Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: \_\_\_\_\_





Cont. Sheet Section A

is ludicrous. Appellant has done nothing but, ~~an~~ screen out sheet dated: 7/17/06, Appellant informed Eloy Medina that the 602 is not a staff allegation which he should have known, having read it. Appellant would have attached an 1858 rights and responsibilities form had Appellant been making a staff Allegation. Appellant simply wants to be compensated for his loss. Appellant explained what happened to bring about the loss in Section A. Appellant even explained on screen out sheet dated: 6/27/06, that he (Eloy Medina) could interview Appellant if he was having trouble comprehending the Appeal (per. 3009.3(3)).

Respectfully, /s/ Thomas Madison

DEPARTMENT OF CORRECTIONS

OF CALIFORNIA  
858 (2/97)

## RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections has added departmental language (shown inside brackets, in  
 Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental  
 peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a  
 departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT.  
 CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS'  
 [or inmates'/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS  
 PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH  
 EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE  
 THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER  
 BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR  
 FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE  
 YEARS.

IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A  
 COMPLAINT AGAINST AN OFFICER KNOWING IT IS FALSE, YOU CAN BE PROSECUTED ON A  
 MISDEMEANOR CHARGE. [An inmate/parolee who makes a complaint against a departmental peace  
 officer, knowing it is false, may be issued a serious disciplinary rule violation, in addition to being prosecuted  
 on a misdemeanor charge.]

COMPLAINANT'S PRINTED NAME <i>Thomas Woodson</i>	COMPLAINANT'S SIGNATURE <i>Thomas Woodson</i>	DATE SIGNED <i>8/27/06</i>
INMATE/PAROLEE PRINTED NAME <i>Thomas Woodson</i>	INMATE/PAROLEE'S SIGNATURE <i>Thomas Woodson</i>	CDC NUMBER <i>R70025</i>
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED <i>8/29/06</i>

## DISTRIBUTION:

ORIGINAL -  
 Public - Institution Head/Parole Administrator  
 Inmate/Parolee - Attach to CDC form 602  
 Employee - Institution Head/Parole Administrator  
 COPY - Complainant

INMATE: Woodson CDC #: P-76095 CDC HOUSING: D8-124

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

**YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):**

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                      | <input type="checkbox"/> Limit of One Continuation Page May Be Attached  |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements  |
| <input type="checkbox"/> Time Constraints Not Met                          | <input type="checkbox"/> Action / Decision Not Taken By CDCR   |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate         | <input type="checkbox"/> DRB Decisions Are Not Appealable  |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated        | <input type="checkbox"/> Appealing Action Not Yet Taken  |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week  |
| <input type="checkbox"/> Incomplete 602                                    | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue        | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly                 |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                |  |
| <input type="checkbox"/> Request for Interview; Not an Appeal              |  |
| <input type="checkbox"/> Numerous and separate issues                      |  |

**PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**

Comments: You may write on back of this form to clarify or respond to the above.

Appeal cancelled due to  
the inmate's refusal to cooperate  
w/ screening firms

  
Eloy Medina, CC-II  
Appeals Coordinator

DELIVERED AUG 23 2006

Date: 8/14/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – *do not write any more on the appeal itself*. Please return this form to the Appeals Coordinator with the necessary information attached.

**PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE**

INMATE: Woodson CDC #: P-76095 CDC HOUSING: D8-124

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                          | <input type="checkbox"/> Limit of One Continuation Page May Be Attached  |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues     | <input type="checkbox"/> Inappropriate Statements  |
| <input type="checkbox"/> Time Constraints Not Met                              | <input type="checkbox"/> Action / Decision Not Taken By CDCR   |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate             | <input type="checkbox"/> DRB Decisions Are Not Appealable  |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated            | <input type="checkbox"/> Appealing Action Not Yet Taken  |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                    | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week  |
| <input type="checkbox"/> Incomplete 602  | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input checked="" type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly                 |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                    |  |
| <input type="checkbox"/> Request for Interview; Not an Appeal                  |  |
| <input type="checkbox"/> Numerous and separate issues                          |  |

**PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**

Comments: You may write on back of this form to clarify or respond to the above.


Woodson - this is your last opportunity to comply w/ the original screening instructions. Remove the allegations of staff misconduct (they must be addressed separately). The issue on the appeal is the correspondence course ~~the~~ the confiscation of materials due to ASD placement. You have already appealed the other issues.

REC'D AUG 10 2006

This is not a staff allegation, this is about my course. I want to be compensated for my loss.

8/1/06

DELIVERED JUN 24 2006

  
Eloy Medina, CC-II  
Appeals Coordinator

DELIVERED AUG 23 2006

Date: 7/17/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

**PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE**

State of California

## INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation

CDCR-695

INMATE: Woodrow CDC #: P-76095 CDC HOUSING: DF-124

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                          | <input type="checkbox"/> Limit of One Continuation Page May Be Attached  |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues     | <input type="checkbox"/> Inappropriate Statements  |
| <input type="checkbox"/> Time Constraints Not Met                              | <input type="checkbox"/> Action / Decision Not Taken By CDCR   |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate             | <input type="checkbox"/> DRB Decisions Are Not Appealable  |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated            | <input type="checkbox"/> Appealing Action Not Yet Taken  |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                    | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week  |
| <input type="checkbox"/> Incomplete 602  | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input checked="" type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly                 |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                    |  |
| <input type="checkbox"/> Request for Interview; Not an Appeal                  |  |
| <input type="checkbox"/> Numerous and separate issues                          |  |

## PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

See previous screening form.

CCR Title 15 § 3084.3 (3) When an appeal indicates the Appellant has difficulty describing the problem in writing or has a primary language other than english, the appeals coordinator shall arrange an interview with the Appellant to provide assistance in clarifying or completing the Appeal.

Plain and simple I want the \$151.00 dollars I paid for my correspondence course that I was unable to complete due to State CDCR impeding

Thomas Woodson P-76095  
Thomas Woodson P-76095

REC'D JUL 14 2006

DELIVERED JUN 24 2006

Eloy Medina, CC-II  
 Appeals Coordinator

Date: 6/27/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the back of this form. Please return this form to the Appeals Coordinator with the necessary information attached.

REC'D AUG 10 2006



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE  
APPEAL FORM**  
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

5

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

CA2 INF 1949

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Property - allowable App Prop

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Woodson, T	P-7095		D2124

A. Describe Problem: ON 4/11/06 Appellant was taken out of General Prison Population and Placed in administrative Segregation in retaliation and reprisal for reporting staff misconduct on 9/23/06. Appellants property was confiscated and stored without Appellant witnessing. Appellant paid \$151.00 dollars to take a Bus 222 course with Coastline Community College that advertises on institutional channel. Appellant has unduly been prevented from completing his course due to the reprisal he is suffering under present circumstances. Appellant never asked to be moved nor was he supposed to be stripped of his property.

REC'D MAY - 2 2006

If you need more space, attach one additional sheet.

B. Action Requested: To be compensated one hundred and fifty one dollars, the cost of Appellants correspondence course with Coastline Community College.

Inmate/Parolee Signature: Thomas WoodsonDate Submitted: 4/30/06

REC'D MAY 23 2006

C. INFORMAL LEVEL (Date Received: 5/22/06)

1642

Staff Response: Denied, while you were placed in Ad/Sec for Allegations of Staff misconduct, this was in no way retaliatory in nature. Your placement in Ad/Sec is to ensure the integrity of the investigation. Your request for compensation is denied.

Staff Signature: [Signature]

DELIVERED JUN 05 2006

Date Returned to Inmate: 5/22/06

## D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Due to excessive and unnecessary, wanton, sadistic and malicious use of force as harassment of Appellant and the subsequent kidnapping and confiscation of Appellants property. Appellant was unable to complete all the required quiz 22 and assignments from Coastline Community College. S.V.S.P. is liable for Appellants loss \$151.00 the price of the course

Signature: Thomas WoodsonDate Submitted: 6/15/06

Note: Property/Funds appeals must be accompanied by completed

Board of Control form BQ-1

REC'D JUL 06 2006

Appeal Number:

REC'D JUL 14 2006

CANCELLED

JUN 28 2006

REC'D AUG 10 2006

DELIVERED JUN 24 2006

## INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation  
CDCR-695INMATE: Woodson CDC #: P-76095 CDC HOUSING: D8-124THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR  
RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                          | <input type="checkbox"/> Limit of One Continuation Page May Be Attached          |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues     | <input type="checkbox"/> Inappropriate Statements                                |
| <input type="checkbox"/> Time Constraints Not Met                              | <input type="checkbox"/> Action / Decision Not Taken By CDCR                     |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate             | <input type="checkbox"/> DRB Decisions Are Not Appealable                        |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated            | <input type="checkbox"/> Appealing Action Not Yet Taken                          |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                    | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week        |
| <input type="checkbox"/> Incomplete 602  | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical   |
| <input checked="" type="checkbox"/> Attempting to Change Original Appeal Issue | Services, submit your request on a CDCR-Form 7362.                               |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                    | If necessary, sign up for sick call.   |
| <input type="checkbox"/> Request for Interview; Not an Appeal                  | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal |
| <input type="checkbox"/> Numerous and separate issues                          | document and pencil/inks other than black or blue do                             |
|  | not copy legibly   |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

do not combine staff complaint  
issues w/other issues.

you have already appealed ASD placement, you  
must continue the ASD placement issue w/ original  
appeal.

My issue here is being compensated for my loss. In every  
paragraph on this 602 my action requested is the \$151.00  
dollars I spent on a correspondence class I was unable to com-  
plete and subsequently failed due to being placed in Ad-Seg on  
a disciplinary D1D status reductively under the guise of investigation  
of staff misconduct. Compensation \$151.00 dollars

Eloy Medina, CC-II  
Appeals Coordinator

Shamea Madam P-76095 6/25/06

Date: 6/19/06This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation  
on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please  
return this form to the Appeals Coordinator with the necessary information attached.PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

INMATE: Woodson CDC #: P-76095 CDC HOUSING: D2-127

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR  
RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

**YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):**

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                      | <input type="checkbox"/> Limit of One Continuation Page May Be Attached  |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements  |
| <input type="checkbox"/> Time Constraints Not Met                          | <input type="checkbox"/> Action / Decision Not Taken By CDCR   |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate         | <input type="checkbox"/> DRB Decisions Are Not Appealable  |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated        | <input type="checkbox"/> Appealing Action Not Yet Taken  |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week  |
| <input type="checkbox"/> Incomplete 602                                    | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical<br>Services, submit your request on a CDCR-Form 7362.<br>If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue        | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal<br>document and pencil/inks other than black or blue do<br>not copy legibly                 |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                |  |
| <input type="checkbox"/> Request for Interview; Not an Appeal              |  |
| <input checked="" type="checkbox"/> Numerous and separate issues           |  |

**PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**

**Comments: You may write on back of this form to clarify or respond to the above.**

Woodson - your appeal has numerous separate issues.  
(#1 ASU placement, #2 Property, #3 Staff Complaint)  
in section F you introduce #4 transfer #5 ASU  
retention.

I originally accepted the appeal as an ASU placement  
Appeal. However, you have numerous issues: continue  
to attempt to introduce new issues.

  
Eloy Medina, CC-II  
Appeals Coordinator

Date: 10/2/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

**PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE**



EXHIBIT

"F"

NAME: WOODSON

CDC #: P76095

BED: D-2-127L

## COMMITTEE ACTION SUMMARY

REFER CSR RX TX HDSP-IV(180)/SAC-IV(180) RETAIN ASU PENDING TRANSFER, CONTINUE MAX CUSTODY, WG/PG D1/D EFFECTIVE 4-11-06, W/A YARD, ADJUST PLACEMENT SCORE BY +4, 2X CELL, PSYCH CCCMS, S/A B. MARTINEZ, CCI.

## COMMITTEE'S COMMENTS

Inmate WOODSON appeared before Salinas Valley State Prison's (SVSP's) Administrative Segregation Unit (ASU) Institutional Classification Committee (ICC) today for his Annual/Program Review. WOODSON stated that his health was good and was willing to proceed. WOODSON received his 72-hour notice for the purpose of this review. Prior to committee reviewing and discussing this case, WOODSON was introduced to the committee members.

According to WOODSON'S CDC 114D, he was placed into SVSP's ASU on 4/11/2006 for: Investigation into Allegations of Staff Misconduct. ICC notes investigation into Allegations of Staff Misconduct has been completed, refer to 128B dated 7-11-06. Although the allegation of Staff misconduct were unfounded, ICC feels is best to transfer WOODSON to an alternate institution as the affected staff members are still employed at SVSP and due to the seriousness of the allegations, ICC elects to refer case to the CSR RX TX HDSP-IV(180)/SAC-IV(180). These institutions have been identified as suitable. This transfer is adverse in nature as WOODSON's actions caused the need for this transfer. Upon transfer he will be eligible for CLO B and WG/PG A2B. His housing remains appropriate due to 180 criteria (SHU term assessed during the last 3-years). This committee elects to address WOODSON's annual review. The review period is from 6-01-05 to 5-31-06. His placement score was adjusted by +4 due to 1QP of disciplinary free behavior, and 1 Serious CDC 115, and No QP's of favorable work performance. Double Cell is deemed appropriate as there is no history of in-cell violence or predatory behavior towards a cellmate. CDC forms 812-812C, 127, MCSF, and 840 reviewed and updated as needed.

Based upon a review of WOODSON'S CDC 114D, Central File, case factors, and through discussion with him, committee elects to: Refer CSR RX TX HDSP-IV(180)/SAC-IV(180) Retain ASU pending transfer, Continue MAX Custody, WG/PG D1/D effective 4-11-06, W/A Yard, Adjust Placement Score by +4, 2X Cell, Psych CCCMS, S/A B. Martinez, CCI. At the conclusion of this review, WOODSON was informed of his Appeal Rights with regards to this committee's actions. WOODSON acknowledged his understanding and agreement with committee's actions.

## STAFF ASSISTANT

Assigned: (Issues complex and/or Inmate participant in MHSDS) SA Present: B. Martinez, CCI.

## INMATE CASE FACTORS

CUSTODY	PSLEVEL	WG/PG & EFF. DATE	RELEASE DATE	GPL	RECLASS	AGE	ETHNIC	TERMER	NEXT BPT & DATE
MAX	74/IV	D1D - 4/11/2006	BPRD 7/19/2015	12.9 (R)	6/1/2007	35	BLA	1st	N/A
RECEIVED	RECEIVED FROM & TYPE OF TX	RECEIVED CDC	COUNTY OF COMMITMENT	SENTENCE		RESTITUTION			
3/27/2001	CAL Adverse	4/11/2000	Los Angeles	18 Years 4 Months		\$10210.00			
COMMITMENT OFFENSE									
Robbery 2nd, (2x) Assault w/Deadly Weapon, Poss Firearm by Ex-Felon, Terrorist Threats Non Controlling case: Terrorist Threats, Possession Concealed Firearm, Robbery 2nd.									
PRIOR ARREST HISTORY					DISCIPLINARY HISTORY				
ADW (Not Firearm), Caring a Concealed Weapon in Public, Carrying a Concealed Weapon on Person, DUI, Inflicting Corporal Injury on Spouse/Cohab., Obstruct/Resist a Public Officer, Poss/Sale/Mfg of a Dangerous Weapon, Rape, Rape in Contact w/Force (Attempted), Domestic Violence, Fight/Challenge Fight public Place, Exhibit Firearm					Refusal to Comply., Participation in a Riot, Threatening Staff				
SEX OFFENSES			ARSON OFFENSES			ESCAPES			
Clear as of 6/9/2005			Clear as of 6/9/2005			Clear as of 6/9/2005			
ENEMIES			GANG/TIP			CONFIDENTIAL			
None			No Gang			Noted & Reviewed			
MEDICAL		TB - DATE 128C	DENTAL	DPP		SUBSTANCE ABUSE			
Full Duty 4/13/00		32 - 4/29/2006	2	N/A		None			
PSYCH			MDO			DDP			
CCCMS			Doesn't Meet MDO Criteria			NCF			
HOUSING		CAMP, MSF, GCF, SAP, CCRC, REST. CENTER, & MCCF ELIGIBILITY							
CELL STATUS									
180 Design (A1)		Double Cell		Camp Eligible: No VIO - PLS MSF Eligible: No VIO - PLS MCCF Eligible: No VIO - PLS		CCF Eligible: No VIO - PLS SAP Eligible: No VIO - PLS		CCRC Eligible: No VIO - PLS Rest. Center Eligible: No VIO - PLS	
EPITP			HWD			JOB ASSIGNMENT			
US Citizen			None			Unassigned			

## COMMITTEE MEMBERS

## CHAIRPERSON

  
M. Moore, CDW (A)

## MEMBERS

G. Lewis, FC Dr. Torres, Psych Services

## RECORDER

  
A. Meden, CCI

Committee Date: 7/20/2006

## ANNUAL/PROGRAM REVIEW

Committee: ICC

Typed By: AKM - Distribution: C-File &amp; Inmate

SALINAS VALLEY STATE PRISON

Classification Chrono CDC 128G (Rev. 3/05)

STATE OF CALIFORNIA

NO. P76095 NAME Woodson, Jr.

DEPARTMENT OF CORRECTIONS  
CDC-128G (Rev. 2/69)

Custody:

Assignment:

Comments:

Eprd: 7/19/2015

CDE-812: Clear

PS: 70

CCCMS: 8/2/06

TB: 32

NCF: 4/13/00

~~Confidential~~ Confidential Noted

HDSP-IV 180 Endorsed

Retention in asu approved pending  
transfer. Expires 12/9/06.

R.S. Geiger  
CSR

Classification

Date: 8/9/06

Inst: SVSP

EXHIBIT

"G"

Salinas Valley State Prison

Facility 'C'

DISTRIBUTION:  
WHITE - CENTRAL FILE  
BLUE - INMATE (2ND COPY)  
GREEN - ASU

CANARY - WARDEN  
PINK - HEALTH CARE MGR  
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME  
Woodson

CDC NUMBER  
P-75995

REASON(S) FOR PLACEMENT (PART A)

- ☐ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS  
☒ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY  
☐ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT: You, Inmate Woodson, P-75995, are being placed in Administrative Segregation for Allegation of Staff Misconduct. On 04-11-06, you made an allegation that staff had committed an act(s) of misconduct. An investigation into this matter will be conducted within 30 days. Based on this information, your presence hinders the integrity of the investigation, and presents a threat to the institution, its staff and inmates. You will be placed in Ad-Sec pending review for appropriate housing needs. As a result of this placement, your credit earning, custody, and visiting status are subject to change. Inmate Woodson [is] [is not] a participant in the Mental Health Services Delivery System. Placement is ordered by Lieutenant J. Celaya.

<input type="checkbox"/> CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL)		<input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /	
DATE OF ASU PLACEMENT 4-11-06	SEGREGATION AUTHORITY'S PRINTED NAME J. Celaya	SIGNATURE	TITLE Lieutenant
DATE NOTICE SERVED 4-11-06	TIME SERVED 1115	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE J. Celaya	SIGNATURE
<input checked="" type="checkbox"/> INMATE REFUSED TO SIGN		INMATE SIGNATURE	CDC NUMBER

ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)

INVESTIGATIVE EMPLOYEE (IE)

STAFF ASSISTANT'S NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
IS THIS INMATE: LITERATE? <input type="checkbox"/> YES <input type="checkbox"/> NO FLUENT IN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO ABLE TO COMPREHEND ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINING FIRST STAFF ASSISTANT ASSIGNED? <input type="checkbox"/> YES		EVIDENCE COLLECTION BY IE UNNECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED ANY INVESTIGATIVE EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO ASU PLACEMENT IS FOR DISCIPLINARY REASONS <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED <input type="checkbox"/> YES	
<input type="checkbox"/> NOT ASSIGNED Any "NO" requires SA assignment.		<input type="checkbox"/> NOT ASSIGNED Any "NO" may require IE assignment.	

INMATE WAIVERS

<input type="checkbox"/> INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER	<input type="checkbox"/> INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME
<input type="checkbox"/> NO WITNESSES REQUESTED BY INMATE	INMATE SIGNATURE
DATE	

WITNESSES REQUESTED FOR HEARING

WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☐ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE	DATE OF REVIEW	TIME	ADMINISTRATIVE REVIEWER'S SIGNATURE
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)	CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)			DATE OF REVIEW

DISTRIBUTION:  
 WHITE - CENTRAL FILE  
 BLUE - INMATE (2ND COPY)  
 GREEN - ASU  
 CANARY - WARDEN  
 PINK - HEALTH CARE MGR  
 GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME **WOODSON** CDC NUMBER **P-76095** **D-7177L**

**REASON(S) FOR PLACEMENT (PART A)**

- ☐ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS  
☒ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY  
☐ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

On 04/11/06, you Inmate WOODSON P-76095, were originally placed in AD-Seg due to the following: "Allegations Of Staff Misconduct." On 07/12/06 you are being retained in Ad-Seg pending transfer to an alternate Institution. Therefore, you will remain in AD-Seg pending, appropriate housing and program needs. Based on this information you are deemed a threat to the safety and security of the Institution, Staff and Inmate Population. Additionally your credit earning, custody level and visiting status are subject to change. Your retention in AD-Seg is being ordered per Lieutenant R. Boccella. Inmate WOODSON is a participant in the MHSOS at CCMS level of care.

<input type="checkbox"/> CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL)		<input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: <b>1/1</b>	
DATE OF ASU PLACEMENT <b>07/12/06</b>	SEGREGATION AUTHORITY'S PRINTED NAME <b>R. Boccella</b>	SIGNATURE <i>[Signature]</i> <b>(4)</b>	TITLE <b>Lieutenant</b>
DATE NOTICE SERVED <b>7/13/06</b>	TIME SERVED <b>2:00pm</b>	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE <b>R. Boccella</b>	SIGNATURE <i>[Signature]</i>
<input checked="" type="checkbox"/> INMATE REFUSED TO SIGN		INMATE SIGNATURE <b>RTS</b>	CDC NUMBER <b>010</b>

**ADMINISTRATIVE REVIEW (PART B)**

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)		INVESTIGATIVE EMPLOYEE (IE)	
STAFF ASSISTANT'S NAME <b>ASSIGNED</b>	TITLE <b>CC1</b>	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
<b>IS THIS INMATE:</b> LITERATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLUENT IN ENGLISH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ABLE TO COMPREHEND ISSUES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DECLINING FIRST STAFF ASSISTANT ASSIGNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Any "NO" requires SA assignment		EVIDENCE COLLECTION BY IE <b>UNNECESSARY</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DECLINED ANY INVESTIGATIVE EMPLOYEE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ASU PLACEMENT IS FOR DISCIPLINARY REASONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Any "NO" may require IE assignment	
<input type="checkbox"/> NOT ASSIGNED		<input checked="" type="checkbox"/> NOT ASSIGNED	

**INMATE WAIVERS**

<input type="checkbox"/> INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER	<input type="checkbox"/> INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME
<input type="checkbox"/> NO WITNESSES REQUESTED BY INMATE	INMATE SIGNATURE <b>RTS</b> DATE <b>7-19-06</b>

**WITNESSES REQUESTED FOR HEARING**

WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☒ RETAIN PENDING ICC REVIEW ☒ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION: **RETAIN ASU PENDING ICC AND TX TO ALTERNATE INST. DUE TO RESULTS OF INVESTIGATION CONCLUDED BY FACILITY C.**

ADMINISTRATIVE REVIEWER'S PRINTED NAME <b>J.D. BENNETT</b>	TITLE <b>CAPT @</b>	DATE OF REVIEW <b>7-19-06</b>	TIME <b>1520</b>	ADMINISTRATIVE REVIEWER'S SIGNATURE <i>[Signature]</i>
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)		CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)		DATE OF REVIEW

EXHIBIT

"H"



INMATE/PAROLEE  
APPEAL FORM  
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME: Woodson NUMBER: P-76095 ASSIGNMENT: REC'D SEP 05 2006 UNIT/ROOM NUMBER: D-8-225

A. Describe Problem: This appeal is an inmates citizen complaint per. P.C. 832.5 and Title 15 Admin. Code 3391(a). Reporting misconduct on Jo Blevins. ON 4/11/06 Jo Blevins working C-yard, packed Appellants property from C-lower yard bldg 3, cell 125, without Appellant being present. Appellant was detained in a strip cage in C-yard hobby shop being processed for (retaliatory) ad-seg placement. Blevins came to Appellant with a 1083 CDC form, saying to Appellant, "I didn't put everything on here but I packed all your stuff." August 28, 2006 while in Ad-seg D-2-127 Appellant gets two well overdue pieces of mail from his mother and sister now stating that an anonymous inmate sent a big manila envelope package of Appellants personal items discarded and left behind after Appellant was removed from C.P. (Pictures, letters, cards, shoes etc...) Inmates Michael  
If you need more space, attach one additional sheet. I speak C-11296, D8-130 and I'm T. Barnes E-43015 can confirm this 60%

B. Action Requested: Appellant seek for the Warden to be put on notice that Jo Blevins is a rogue and has no respect for departmental policy Title 15 Admin. Code 3391(a). Furthermore the Warden should know that as a result of the above, Appellants mother had a break down worrying about what SVSP Rogue, renegade officers had done to Appellant. Furthermore Appellant seeks to view all of his property to make sure what was put on the CDC 1083 is actually there.

Inmate/Parolee Signature: Thomas Woodson Date Submitted: 9/4/06

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

BYPASS

RET'D SEP 13 2006  
REC'D SEP 14 2006

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: \_\_\_\_\_

06-2169 Property to stored property  
marked access L. 1/4 on 8/24/06

06-2170 Property/cell search  
denied on 8/25/06  
at FLR  
at recently at





I, MICHAEL ISREAL, DO HEREBY DECLARE UNDER THE PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA AND THE UNITED STATES THAT ALL OF THE BELOW STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

ON OR ABOUT MID TO LATE APRIL OF 2006, WHILE PERFORMING MY DUTIES AS SECOND WATCH PORTER FOR BUILDING C3, INMATE BARNES, E-08666, MY CO-WORKER CALLED ME OVER TO CELL C3-105, WHERE A HISPANIC INMATE HAD RECENTLY BEEN MOVED INTO. THE HISPANIC INMATE ASKED US IF WE KNEW WHO THE PRIOR OCCUPANT OF THE CELL WAS, WE ANSWERED HIM YES. HE THEN BEGAN TO SHOW US ALL THE PROPERTY THAT HE HAD FOUND IN THE CELL WHEN HE MOVED IN. THE PROPERTY WAS LEGAL WORK, LETTERS, PICTURES, SHOES, CARDS AND PERSONAL CLOTHING. ALL BELONGING TO THE PRIOR OCCUPANT OF CELL C3-105, INMATE WOODSON, WHO'S CDC # P-76095. BARNES AND MYSELF HAD BEEN TOLD BY INMATE WOODSON, P-76095, A WEEK OR SO EARLIER THAT SEVERAL CORRECTIONAL OFFICERS HAD TAKEN HIM FROM HIS CELL DOING A CELL SEARCH AND HAD ASSAULTED HIM AND DRAGGED HIM FACE FIRST ON THE GROUND SCRAPPING HIS FACE UP. DAYS LATER WOODSON DISAPPEARED. BARNES AND MYSELF FIGURED THAT SINCE SO MUCH OF WOODSON'S PROPERTY HAD BEEN LEFT BEHIND, IT MUST HAVE BEEN DONE DELIBERATELY. I HAVE BEEN INCARCERATED OVER 27 1/2 YEARS AND KNEW THAT NO OFFICER COULD MISTAKEFULLY LEAVE THAT MUCH OF AN INMATE'S PROPERTY BEHIND. IT WOULD BE IMPOSSIBLE FOR AN OFFICER PACKING A SINGLE Celled INMATE'S PROPERTY (WOODSON WAS SINGLED Celled AT THE TIME OF HIS DISAPPEARANCE) TO MISS NEARLY TWO BOXES OF PROPERTY, UNLESS IT WAS DONE DELIBERATELY SO. ADD TO THAT ITS SALINAS VALLEY STATE PRISON POLICY TO SEARCH A CELL BEFORE PUTTING IN A NEW OCCUPANT. THEREFORE BARNES AND MYSELF THOUGHT IT WOULD BE BEST TO CONTACT MONTEREY COUNTY DISTRICT ATTORNEY DEAN FLIPPO AND INFORM HIM AS TO WHAT WE HAD DISCOVERED (BARNES ACTUALLY WROTE THE LETTER WITH BOTH OUR INPUT). DAYS AND/OR WEEKS LATER A SERGEANT SHELBY CAME TO PICK UP THE PROPERTY OF INMATE WOODSON FROM INMATE BARNES CELL (C3-118). SHE SEEMED MAD AT BARNES AND UPSET THAT THE DISTRICT ATTORNEY HAD CONTACTED THE WARDEN WHO CONTACTED CAPTAIN G. PONDER WHO CONTACTED HER TO RETRIEVE WOODSON'S PROPERTY. OR SO THIS IS MY BELIEF, ~~CONFIRMED~~ CONFIRMED THROUGH CONVERSATION WITH BARNES. THIS CONCLUDES MY STATEMENT.

EXECUTED HERE AT SALINAS VALLEY STATE PRISON, FACILITY "D" ON SEPTEMBER 14, 2006.

DATED: 09/14/06

SIGNED: Michael Isreal  
 MICHAEL ISREAL

State of California

## INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation  
CDCR-695MATE: Woodson CDC #: P-76095 CDC HOUSING: D8-225


THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Duplicate Appeal; Same Issue           | <input type="checkbox"/> Limit of One Continuation Page May Be Attached  |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements  |
| <input checked="" type="checkbox"/> Time Constraints Not Met               | <input type="checkbox"/> Action / Decision Not Taken By CDCR   |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate         | <input type="checkbox"/> DRB Decisions Are Not Appealable  |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated        | <input type="checkbox"/> Appealing Action Not Yet Taken  |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week  |
| <input type="checkbox"/> Incomplete 602                                    | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue        | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly                 |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                |  |
| <input type="checkbox"/> Request for Interview; Not an Appeal              |  |
| <input type="checkbox"/> Numerous and separate issues                      |  |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

you have already appealed properly (06-2169 : 06-2170)date of inventory 4/11/06This Appeal is to report staff misconduct and retaliation taken against Appellant's Appellant's property in violation of Title 15 Admin. Code 3287(a)(4)(d)  
Iloy Medina, CC-II  
Appeals CoordinatorDate: 9/25/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation in a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CDC 1858 (2/97)

## RIGHTS AND RESPONSIBILITY STATEMENT

*The California Department of Corrections has added departmental language (shown inside brackets, in non-boldface type) for clarification purposes.*

**Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:**

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER** [this includes a departmental peace officer] **FOR ANY IMPROPER POLICE** [or peace] **OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS'** [or inmates/parolees'] **COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN** [or inmate/parolee] **COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

**IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.** [An inmate/parolee who makes a complaint against a departmental peace officer, knowing it is false, may be issued a serious disciplinary rule violation, in addition to being prosecuted on a misdemeanor charge.]

COMPLAINANT'S PRINTED NAME <i>Thomas Woodson</i>	COMPLAINANT'S SIGNATURE <i>Thomas Woodson</i>	DATE SIGNED <i>9/4/06</i>	
INMATE/PAROLEE PRINTED NAME <i>Thomas Woodson</i>	INMATE/PAROLEE'S SIGNATURE <i>Thomas Woodson</i>	CDC NUMBER <i>P-16095</i>	DATE SIGNED <i>9/4/06</i>
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED	

**DISTRIBUTION:**
**ORIGINAL -**

Public - Institution Head/Parole Administrator

Inmate/Parolee - Attach to CDC form 602

Employee - Institution Head/Parole Administrator

**COPY - Complainant**

## INMATE / PAROLEE APPEAL SCREENING FORM

INMATE: Woodson CDC #: P-76095 CDC HOUSING: D8-225

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

**YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):**

- |  |  |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue                      | <input type="checkbox"/> Limit of One Continuation Page May Be Attached          |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements                                |
| <input type="checkbox"/> Time Constraints Not Met                          | <input type="checkbox"/> Action / Decision Not Taken By CDCR                     |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate         | <input type="checkbox"/> DRB Decisions Are Not Appealable                        |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated        | <input type="checkbox"/> Appealing Action Not Yet Taken                          |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague                | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week        |
| <input checked="" type="checkbox"/> Incomplete 602                         | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical   |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue        | Services, submit your request on a CDCR-Form 7362.                               |
| <input type="checkbox"/> Not Authorized to Bypass Any Level                | If necessary, sign up for sick call.   |
| <input type="checkbox"/> Request for Interview; Not an Appeal              | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal |
| <input type="checkbox"/> Numerous and separate issues                      | document and pencil/inks other than black or blue do                             |
|  | not copy legibly   |

**PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS****Comments: You may write on back of this form to clarify or respond to the above.**

attach proof that you refer to in appeal

Attached and enclosed is one of the letters from Appellants correspondent  
informing Appellant of the issue. Enclosed, one letter and envelope post dated  
July 5, 2006.

Woodson P-76095 9/13/06

**REC'D SEP 14 2006**

  
Eloy Medina, CC-II  
Appeals Coordinator

Date: 9/7/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

**PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE**

June 30, 2006

Dear Thomas,

I hate that I have to do this but I have to. Your grandmother passed away about a week ago. Your mother and sisters are in Ohio for the homegoing services. The cause of death is still unknown from my understanding. Your grandmother was ill for a few months. She had open heart surgery not too long ago. The first few days weren't good for your mother. She took the passing hard. To make things worst, she received a package from the prison for you. Some guy sent a large envelope with cards and pictures saying that you were moved to a different cell and left the items behind. After reading that she broke down again asking what happened to you. She asked me to check on you. I told her that I would inform you. The envelope was rather large, if you want the items back, let us know and we will mail it to you. Nevertheless, stay up and call mom.

Shantrise Gordon

Mom is dealing w/ alot. If u want the package of letters & cards back, write us and we will send it to u.

EXHIBIT

" I "



## Declaration of Michael Pearson #T15673

I am a prisoner at Salinas Valley State Prison; P.O. Box 1050, Soledad Ca. 93960-1050; if called to testify to the statements below, I could and would competently testify to the matter set forth below.

On 4-15-06 at approximately 2:00pm I, Inmate Pearson #T15673 watched % Espy, a Floor Staff in A.S.U Building D8, come to Cell 124 where inmate Woodson P-76095 and myself were housed and I heard % Espy call inmate Woodson P-76095 a "Bitch", "write another 602 Motherfucker I don't care".

I Michael Pearson #T15673, declare under Penalty of Perjury that the foregoing is true and correct. Executed on this 15<sup>th</sup> day of April 2006 at Salinas Valley State Prison, P.O. Box 1050 Soledad, Ca 93960.

Notary not Required

28 U.S.C. §2071

Carter v Clark 616 F.2d-

228, 230

Michael Pearson #T15673  
Declarant Signature

## Declaration of Uriah Tillet #P20183

I, Uriah Tillet #P20183 do hereby declare as to the following;

I am a PRISONER at Salinas Valley State Prison P.O. Box 1050, Soledad, CA. 93960-1050. If called to testify to the statement below, I could and would competently do so.

On or about June 16, 2006, I, inmate Tillet #P20183, saw inmate Woodson #P76095 and Pearson #T15673 placed in cell #127 in D2 building by %Franco, and %Chavez, and %Hood. I heard one of the two inmates in cell #127 yell to the guards, "When will you bring us mattresses?!" and the guards just ignored them. I repeatedly witnessed every % who has come in the building ignore cell #127. Today's June 20th, 2006 and I know the inmates in cell #127 have not received mattresses and have complained to every staff member visible. In addition, I have mailed out letters for these two inmates because %'s will not pick up there mail. I am also mailing a petition to the courts for the two inmates because of this very reason.

I, Uriah Tillet #P20183 declare under penalty of perjury, that the foregoing is true and correct to my knowledge, executed this 20th day of June, 2006 at Salinas Valley State Prison P.O. Box 1050, Seledad, CA. 93960-1050

Notary Not Required

28 U.S.C. § 2071

Carter v. Clark, 616 F.2d, 228, 230

15/   
Declarant Signature

Dated 6.20.2006

Declaration of: TRAVIS LASSITER - K00966

I, TRAVIS LASSITER K00966 do hereby declare as follows;

I am a prisoner at Salinas Valley State Prison PO Box 1050, Soledad, CA 93960-1050. If called to testify to the statement below, I could and would competently testify to the matter set forth below:

On the morning of 6-19-06 approx. 7:00 AM. I ~~heard~~ <sup>heard</sup> a 2<sup>nd</sup> watch C/O who was passing out breakfast trays say to I/M Woodson P. 76095, and Z/M Pearson T-15673 in cell 127 this statement: "... That's okay. They had gloves on when they did it!"

I, TRAVIS LASSITER K00966, declare under penalty of perjury, that the foregoing is true and correct. Executed this 20<sup>th</sup> day of June 2006, at SALINAS VALLEY STATE PRISON, PO Box 1050, Soledad, CA.

93960-1050

Travis Lassiter K00966

Notary Not Required

28 U.S.C. § 2071

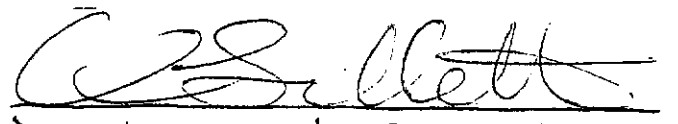
CARTER v Clark Cell 6 F.2d 228230

I, URIAH TILLET #P20183 do hereby declare as to the following;

I AM A PRISONER AT SALINAS VALLEY STATE PRISON, P.O. Box 1050, SOLEDAD, CA. 93960-1050. IF CALLED to testify to the statement below, I COULD AND WOULD COMPETENTLY testify to the matter set forth below.

ON OR ABOUT JUNE 16, 2006, I INMATE TILLET #P20183 SAW INMATES PEARSON #T15673 AND INMATE WOODSON #P76095 BE PLACED IN CELL #127 IN D-2 building, by % FRANCO, % CHAVEZ, AND % HOOD. I HEARD ONE OF THE TWO INMATES IN CELL #127 TELL TO THE GUARDS, "WHEN WILL YOU BRING US MATTRESSES?!" AND THE GUARDS JUST IGNORED THEM. I REPEATEDLY WITNESSED PERSONALLY THE CONTINUOUS ANNOYING REQUEST FOR MATTRESSES FOR (4) DAYS, AND I HAVE WITNESSED EVERY % WHO HAS COME IN THE BUILDING IGNORE CELL #127. TODAY IS JUNE 20TH, 2006 AND I KNOW THE INMATES IN CELL #127 HAVE NOT RECEIVED MATTRESSES AND HAVE COMPLAINED TO EVERY STAFF MEMBER VISABLE. IN ADDITION I HAVE MAILED OUT LETTERS FOR THESE TWO INMATES BECAUSE %S WILL NOT PICK UP THERE MAIL. I AM ALSO MAILING A PETITION TO THE COURTS FOR THE TWO INMATES BECAUSE OF THIS VERY REASON.

I, URIAH TILLET #P20183, declare UNDER PENALTY OF PERJURY, that the foregoing is true and correct to my knowledge. Executed this 20th day of June 2006 at SALINAS VALLEY STATE PRISON, P.O. Box 1050, SOLEDAD, CA. 93960-1050.

  
DECLARANT SIGNATURE

Notary Not Required  
28 U.S.C. § 2071

Dated: 6.20.2006

CARTER V. CLARK, 616 F.2d 228, 230

EVIL IT IN